



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400001

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEEKONK COLUMBUS CORP.

DOING BUSINESS A

ADDRESS 532 ARCADE AVE.

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: REPOSA, MANUEL TYPE OF LICENSE: Club
D.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS, FIRST FLOOR KITCHEN, MEETING ROOM, BAR AREA. CELLAR, ONE
LARGE ROOM. SECOND FLOOR, FOUR ROOMS, CLUB ROOMS AND OFFICE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400004

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LEDGEMONT COUNTRY CLUB, INC.

DOING BUSINESS AS MARQUARD, NATHAN

ADDRESS ma

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: JEMERY, GYDA

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PRIVATE CLUB, 2 LEVELS INCLUDE; LADIES LOCKER ROOM, 2 ENTRANCE/EXITS. GRILLE ROOM, 150 SEATS WITH SERVICE BAR, 2 ENTRANCE/EXITS. MEN'S LOCKER ROOM, 3 ENTRANCE/EXITS. MEN'S CARD ROOM, 1 ENTRANCE/EXIT, SERVICE BAR.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400006

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 555 CORP.

DOING BUSINESS A WEST WIND RESTAURANT

ADDRESS 555 CENTRAL AVE.

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: MASSIWER,
MITCHELL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY WOOD FRAME BLDG. WITH BASEMENT. 1ST FLR. MAIN DINING ROOM
AND BAR, LOUNGE ROOM. BALCONY DINING ROOM. BASEMENT PARTY ROOM. ONE
ENTRANCE/EXIT. TWO LAVATORIES.

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400008

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE AMERICAN LEGION OF SEEKONK, INC. POST 311

DOING BUSINESS AS

ADDRESS 351 FALL RIVER AVE.

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: BAIRD, JOSEPH

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN FLOOR, AUDITORIUM, BAR AND COATROOM. BASEMENT MEETING ROOM,
KITCHEN AND BAR. THREE ENTRANCES.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400011

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THOMLINE LLC

DOING BUSINESS AS OLD GRIST MILL TAVERN

ADDRESS 390 FALL RIVER AVE.

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: ESMAY,
GREGORY T.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS: BASEMENT-OFFICE, LIQUOR STORAGE, DRY STORAGE. TWO EMERGENCY
EXITS: MAIN FLOOR, LOUNGE WITH BAR, RESTAURANT, MAIN AND UPPER LEVEL
DINING AREAS, KITCHEN, HOLDING AREA AND TWO ENTRANCES.

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LICENSE NUMBER: 109400014

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 99 WEST INC.

DOING BUSINESS AS 99 RESTAURANTS

ADDRESS 821 FALL RIVER AVE.

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: FERREIRA,
VICTOR

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BOOTH'S IN BAR AREA SEAT 50, BAR SEATS 21, BAR RAIL 6, DINING ROOMS SEATS 118.

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400015

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEEKONK HOSPITALITY GROUP INC.

DOING BUSINESS AS DI PARMA ITALIAN TABLES

ADDRESS 940 FALL RIVER AVE.

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: SNOW, NADINE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

COCKTAIL LOUNGE, CONFERENCE ROOM, DINING ROOM, ALL ON ONE FLOOR.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400016

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: T.G.I. FRIDAY'S, INC.

DOING BUSINESS AS T.G.I. FRIDAY'S

ADDRESS 1105 FALL RIVER AVE.

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: McCann, Richard A. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FREE STANDING, 1 FLOOR, MULTI- LEVEL RESTAURANT WITH ACOMPANYING BAR AREA.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400017

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NOT YOUR AVERAGE JOE'S, INC.

DOING BUSINESS AS NOT YOUR AVERAGE JOE'S

ADDRESS 1125 FALL RIVER AVE.

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: CAPLAN, SETH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE FLOORS, CELLAR HAS DINING ROOM AND STORAGE AREA FIRST FLOOR HAS DINING ROOMS, KITCHEN, BAR AND HAT CHECK ROOM. SECOND FLOOR ATTIC. 4 EXITS.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400019

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BAY STATE RACQUET CLUB, INC.

DOING BUSINESS AS

ADDRESS 1314 FALL RIVER AVE.

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: OLIVEIRA,
ANTONE T.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, TENNIS CLUB ON FIRST AND RESTAURANT ON SECOND. FOUR ROOMS,
LOUNGE, MEN AND LADIES REST ROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400021

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BUCA RESTAURANTS INC.

DOING BUSINESS AS BUCA DI BEPPO

ADDRESS 353 HIGHLAND AVENUE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: GLEASON,
JOSHUA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, KITCHEN, SERVICE AREA, UTILITY ROOM, STORAGE ROOM, TWO
RESTROOMS, THREE ENTRANCES/EXITS.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400023

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: APPLE NEW ENGLAND LLC

DOING BUSINESS AS APPLEBEE'S NEIGHBORHOOD GRILL & BAR

ADDRESS 105 HIGHLAND AVE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: MACDONALD,
MICHAEL G.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONTAINS APPROX 5000 SQ FT OF FLOOR AREA WITH A FULL SERVICE KITCHEN AND
DINING ROOM WITH BAR. SEATS 198 PEOPLE

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400024

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OUTBACK STEAKHOUSE OF FLORIDA LLC

DOING BUSINESS AS OUTBACK STEAKHOUSE

ADDRESS 1301 FALL RIVER AVE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: MORENO, JOEL M. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY STRUCTURE CONSISTING OF APPROX 6400 SQ FT TO BE OPERATED AS A FULL SERVICE RESTAURANT WITH BAR/LOUNGE WITH ONE ENTRANCE AND EXIT

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400027

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MI-KAM INC.

DOING BUSINESS AS BAKER'S CORNER PIZZA RESTAURANT

ADDRESS 1511 NEWMAN AVE.

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: PRODROMIDIS,
PETROS

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2300 SQ. FT. PORTION OF THE WISHING WELL SHOPPING CENTER. THE STORE HAS THREE
ENTRANCE/EXITS. THE PUBLIC USES 2. ONE AT THE FRONT AND ONE AT THE REAR.
SERVICE ENTRANCE/EXIT AT REAR OF KITCHEN.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400028

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: POPULAR PIZZA, LLC

DOING BUSINESS AS POPULAR PIZZA

ADDRESS 24 OLNEY ST.

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: ARRUDA, STEVEN TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, FRONT AND REAR ENTRANCES, SEATING FOR 45 PEOPLE, BATHROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400029

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: J. & W. CORP.

DOING BUSINESS AS

ADDRESS 213 TAUNTON AVE.

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: ESTROMPA,JOSE TYPE OF LICENSE: Innholder
A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

10 ENTRANCES, 4 FLOORS AND BASEMENT. 1ST FLOOR: 7 ASSEMBLY ROOMS, KITCHEN, LOBBY, OFFICE. 17 GUEST ROOMS. 2ND FLOOR: 5 CONFERENCE ROOMS. 49 GUEST ROOMS. 3RD FLOOR: 23 GUEST ROOMS. 4TH FLOOR: 11 GUEST ROOMS. BASEMENT: STORAGE, HEAT, GENERAGL GARAGE AND 2 ASSEMBLY ROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400030

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: The Luxury Box, Inc

DOING BUSINESS AS The Luxury Box

ADDRESS 350 FALL RIVER AVE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: SOUZA,JACINTA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT FACILITY CONTAINING APPROX 5000 SQ FT AS PART OF A GYM/RESTAURANT BUILDING AT FIREFLY GOLF COURSE, INCLUDING DINING AREA, LOUNGE, RECEPTION AREA, DANCING AREA AND OUTER DECKS. TWO ACCESS POINTS, FRONT AND REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400031

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JT DEVELOPMENT PARTNERS LLC

DOING BUSINESS AS ELEVEN FORTY NINE

ADDRESS 965 FALL RIVER AVENUE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: WRIGHT,
THOMAS L.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CONCRETE BLOCK AND WOOD FRAME BUILDING AT 965 FALL RIVER AVENUE, SEEKONK, MA. CONSISTING OF THREE/FOUR DINING ROOMS WITH FOUR RESTROOMS, ONE MAIN DOOR, FOUR EMERGENCY EXITS AND ON BACK DOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400032

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 1143 FALL RIVER AVENUE ASSOCIATES, INC.

DOING BUSINESS A

ADDRESS 1143 FALL RIVER AVE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: PICCERELLI,
WILLIAM

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, SALES ROOM AND STOCK ROOM. BASEMENT FOR STORAGE. THREE ENTRANCES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400033

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COUNTRY LIQUORS, INC.

DOING BUSINESS AS COUNTRY LIQUORS

ADDRESS 1205 FALL RIVER AVENUE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: COLLIAS,
GEORGE A.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, THREE ROOMS AND GARAGE, CELLAR FOR STORAGE USE ONLY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400034

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MOHLER-NADEAU INC

DOING BUSINESS A LANDRY LIQUORS

ADDRESS 134 CENTRAL STREET

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: MOHLER, JAMES A TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 2600 SQ. FT. ONE STORY, GROUND FLOOR APPROX. 34'X63' LONG WITH ATTACHED GARAGE IN REAR. 3 ROOMS. BASEMENT. TWO ENTRANCES -EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400035

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAM'S FOOD STORES, INC.

DOING BUSINESS AS DB MART # 13

ADDRESS 1035 NEWMAN AVE.

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: ASGHAR,
MARTHA

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2,400 SQ. FT. BLOCKBLDG. PREMISES IS PRIMARILY A FOOD MARKET WITH ONE
ENTRANCE AND TWO EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400037

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEEKONK LIQUORS, INC.

DOING BUSINESS AS CHRIS GASBARRO'S FINE WINE & SPIRITS

ADDRESS 98 HIGHLAND AVE.

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: GASBARRO,
CHRISTOPHER P.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GROUND FLOOR-RETAIL, STORAGE, OFFICES, SECOND FLOOR- STORAGE, OFFICES, 6
ENTRANCES AND EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400038

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ARAUJO LIQUORS LTD.

DOING BUSINESS AS REGENCY LIQUORS

ADDRESS 301 TAUNTON AVENUE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: ARAUJO, JOSE N. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, 4 ROOMS, 2 FRONT DOORS AND 2 REAR DOORS. NO CELLAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400043

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DA TONG, INC

DOING BUSINESS A TAI-PAN RESTAURANT

ADDRESS 1641 FALL RIVER AVENUE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: LEI, FELIX

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, KITCHEN, 2 OFFICES (UPSTAIRS) STORAGE (CELLAR) 3 RESTROOMS, 4
ENTRANCES/EXITS. SEATING FOR 80

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400050

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: REEMA CORPORATION

DOING BUSINESS AS OAKHILL PACKAGE GOODS STORE

ADDRESS 545 CENTRAL AVE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: PATEL, JYOTSNA

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3200 SQ FT PREMISES CONSISTING OF FLOOR SPACE AND AN OFFICE WITH TWO FRONT
ENTRANCES AND TWO REAR EXITS FOR DELIVERIES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400052

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHARDONNAY'S, INC.

DOING BUSINESS AS

ADDRESS 393 TAUNTON AVENUE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: CASTIGLIONI,
ALFRED

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE-STORY BLDG. WOOD FRAME WITH FRONT ENTRANCE/EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400054

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CABB. LLC

DOING BUSINESS AS BONE YARD SALOON

ADDRESS 540 CENTRAL AVE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: ASHCHIAN,
CARNIG

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, MAIN DINING ROOM, KITCHEN AND RESTROOMS TWO EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400055

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHARDONNAY'S, INC.

DOING BUSINESS AS CHARDONNAY'S

ADDRESS 393 TAUNTON AVENUE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: CASTIGLIONI,
ALFRED

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SEVEN ROOMS ON FIRST FLOOR AND CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400057

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BBSMS, INC.

DOING BUSINESS AS PARKER'S MEAT & DELI, INC.

ADDRESS 22 OLNEY ST

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: SCHUPP, SARAH L. TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1700 SQ FT STORE, DOUBLE FRONT DOORS, 1 DOOR BOLTED BACK, EXIT. RIGHT SIDE MEAT CASE. CENTER ISLAND OF GROCERIES. LEFT SIDE 2 EIGHT FOOT CASES, 1 FREEZER, 1 COOLER, 4 FT PRODUCE CASE. SELF SERVICE DELI CASE. BACK ROOM WALK IN COOLER, 2 ENTRANCES, ONE FRONT AND ONE REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400059

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TOTTS PIZZA PALACE, INC

DOING BUSINESS AS

ADDRESS 373 TAUNTON AVE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: MARKETOS, LENATYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FREE STANDING WOOD FRAME BLDG. APPROX 40X70

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400060

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TONY'S SEAFOOD, INC.

DOING BUSINESS AS

ADDRESS 1365 FALL RIVER AVE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: PIRRI, ANTHONY J. TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STORE FOR RETAIL SALES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400061

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TITO'S CANTINA, INC.

DOING BUSINESS AS

ADDRESS 1379 FALL RIVER AVENUE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: HINKEN, MARK C. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400069

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEEKONK PETROLEUM,INC

DOING BUSINESS A

ADDRESS 960 FALL RIVER AVENUE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: MASSAD,JEAN-
CLAUDE

TYPE OF LICENSE:Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WOOD AND BLOCK BUILDING WITH ONE DOUBLE FRONT ENTRANCE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)